Guidelines for OVHA Coverage

ITEM: STANDER

DEFINITION: A device that supports an individual in the standing position, for the purpose of improving physiological function and decreasing the medical complications inherent in the inability to stand.

GUIDELINES: A stander may be appropriate for the individual who:

- Has been prescribed a stander by professional provider who is an active participant in the Medicaid program, who is skilled and knowledgeable in the arena of rehabilitation such as a physiatrist, pediatrician, or neurologist AND
- Has an inability to ambulate due to a medical condition AND
- Where the medical condition is such that the individual will be unable to ambulate for an extended period of time (> 1 year) AND
- Has demonstrated the ability to tolerate a standing position for at least 20 minutes without the development of adverse reactions AND
- Does not have any of the following contraindications: lack of bone density tests or inadequate bone density to safely allow standing, syncope, sudden changes in blood pressure, uncontrolled dependent edema AND
- Has demonstrated consistent motivation to stand AND
- Would benefit from at least TWO of the following indications:
    1. Preservation/improvement of bone density (when the decrease or potential decrease in bone density is the result of nonweightbearing).
    2. Preservation/improvement of respiratory function (when the respiratory impairment is the result of the condition leading to the inability to stand).
    3. Prevention/improvement of lower extremity contracture (when the contracture is the result of the inability to stand).
    4. Prevention/improvement of loss of skin integrity (when the skin integrity impairment is the result of the inability to stand).
    5. Prevention/ decreasing the frequency of urinary tract infections (when the UTI issues are the result of the condition leading to the inability to stand).
    6. Prevention/decreasing the frequency of digestive disorders (when the digestive disorders are the result of the inability to stand).
    7. Improvement in alertness level, peer interaction, accomplishment of ADLs in the home environment (when these issues are the result of the inability to stand).

Types of Standers: There are many types of standers to meet many different types of need.

- **Basic Stationary Standing Table, Podium, or Frame:** These are typically wooden boxes or frames made out of metal tubing, which are adjustable for proper support and sizing. They have foam padding covered by vinyl for protection of bony prominences. The individual typically pulls on the device to stand or receives assist to stand, is properly positioned, and then the rear door is closed, which holds the individual upright. This device is for individuals who have adequate trunk and head support and lower extremity weakness.

- **Hydraulic Standing Table with Seat:** These devices come with a hydraulic lift system and a built-in seat. They may be appropriate for individuals who can transfer independently or with minimal assistance and have some upper body and trunk strength, and who do not have a caregiver to provide the physical assistance to enter a basic stationary stander. The individual transfers on to the seat, then activates the hydraulic mechanism to obtain an upright position. Some of these devices have casters but cannot be moved by the user, others have a self-mobility option usable by individuals who can propel a manual wheelchair. Medical necessity justification is required for the caster or mobile base.
- **Hydraulic Standing Table without Seat:** These devices typically have a sling, which must be applied around the individual's pelvis while seated on a wheelchair or bed. The sling then hydraulically lifts the individual into the standing table. The user must have adequate head and upper body strength to support themselves while standing. Use of this device generally requires a caregiver to apply the sling. Hydraulic lifting may be appropriate for the individual who weighs too much for one caregiver to safely position him/her in a basic stander. Some devices have casters, but they cannot be moved by the user. Others have a self-mobility option for individuals with the upper body strength to propel a manual wheelchair. Medical necessity justification is required for the caster or mobile base.
- **Prone Standers:** These devices are usually used by children because they require lifting to enter. The individual is positioned in a forward-leaning manner. These devices are usually used for children who are working on increasing their head control and upper body strength. These devices can either come with casters or a mobility base .
- **Tilt Table Supine Standers:** These devices are usually accessed from a supine (lying flat on one's back) position, and are then lifted to some degree of upright, either by a hand crank or hydraulics. These devices are used by individuals who have weakness in their upper bodies and head as well as their legs and trunk, and cannot tolerate a fully upright position or need to approach an uright position gradually. They are usually on casters.
- **Multipositional Standers:** These devices have prone, supine, and vertical modes. They are made in children's sizes only, and are usually utilized in clinic settings or are purchased by home health agencies or schools, where multiple children might share the use of a single device.
- **Vertical Standers:** These devices are usually accessed from a standing position. They have positional supports to hold the user in an upright position. These devices are used by individuals with head and upper body control who need support at the trunk and lower extremities.

The most appropriate stander is the least expensive device that meets the beneficiary's medical needs.

APPLICABLE CODES:
E0637 Combination sit to stand system, any size, with seat lift feature, with or without wheels.
E0638 Standing frame system, any size, with or without wheels.

CAUTIONS: An individual who is no longer in the acute phase of the medical condition that has resulted in the inability to stand, who has not had a bone density test to determine whether s/he has sufficient bone density to support his/her body weight in a standing position, should not use a stander. Most providers utilize dual x-ray absorptiometry to determine bone density. Normal bone density is dependent on age and gender. For example, a 25 year old woman has a normal bone density of >833 mg/cm2, is osteopenic between 833 and 648 mg/cm2, and is osteoporotic at <648 mg/cm2. (World Health Organization guidelines). Risk for fracture increases with the standard deviations from the mean. Other risk factors for bone fracture in the osteoporotic individual include: anticonvulsant use, history of maternal hip fracture, history of hyperthyroid, poor nutrition, standing less than 4 hours per day, resting pulse above 80, use of benzodiazepines, advanced age, smoking, and caffeine intake. Caution should be used for individuals who experience syncopal episodes or sudden changes in blood pressure. Individuals with untreated dependent edema should receive treatment for this edema before a standing program is begun. Use of a tilt table in a clinical setting with oversight by a physical therapist, to gradually introduce the individual to standing, may be used to acclimatize an individual to the bone stresses necessary for safe standing.

REQUIRED DOCUMENTATION:

- Current, complete Certificate of Medical Necessity
- Supporting documentation demonstrating that the stander has been prescribed a stander by professional provider who is an active participant in the Medicaid program, who is skilled and knowledgeable in the arena of rehabilitation such as a physiatrist, pediatrician, or neurologist AND demonstrating that the beneficiary has an inability to ambulate due to a medical condition AND demonstrating that the medical condition is such that the individual will be unable to ambulate for an extended period of time (> 1 year) AND demonstrating that the individual has the ability to tolerate a standing position for at least 20 minutes without the development of adverse reactions AND demonstrating that the beneficiary does not have any of the following contraindications: lack of bone density tests or inadequate bone density to safely allow standing, syncope, sudden changes in blood pressure, uncontrolled dependent edema AND demonstrating that the beneficiary has shown consistent motivation to stand AND demonstrating that the beneficiary would benefit from at least TWO of the following indications:
    1. Preservation/improvement of bone density (when the decrease or potential decrease in bone density is the result of nonweightbearing).
    2. Preservation/improvement of respiratory function (when the respiratory impairment is the result of the condition leading to the inability to stand).
    3. Prevention/improvement of lower extremity contracture (when the contracture is the result of the inability to stand).
    4. Prevention/improvement of loss of skin integrity (when the skin integrity impairment is the result of the inability to stand).
    5. Prevention/ decreasing the frequency of urinary tract infections (when the UTI issues are the result of the condition leading to the inability to stand).
    6. Prevention/decreasing the frequency of digestive disorders (when the digestive disorders are the result of the inability to stand).

7. Improvement in alertness level, peer interaction, accomplishment of ADLs in the home environment (when these issues are the result of the inability to stand).

- Supporting documentation demonstrating that the type of stander, and each of its components, has medical necessity justification and is the least expensive device that is appropriate to the beneficiary's condition. Other less expensive devices that were considered should be described, and rationale provided as to why they were not appropriate for the beneficiary.

EXAMPLES OF DIAGNOSIS: Individuals with neuromuscular conditions such as Multiple Sclerosis, Cerebral Palsy, Parkinson's disease, Cerebrovascular Accident (stroke), Paraplegia, and certain instances of Quadriplegia.

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Medical Director's signature:_____

OVHA Director's signature:_____

Date:
Revision 1:
Revision 2:
Revision 3: